

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035725

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1270-A

STATE FILE NUMBER

FILED SEP 25 1963

1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay, in 1b

YEARS

c. FULL NAME OF (IF NOT in hospital, give location)

ST JOHNS HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY GREENE

c. CITY OR TOWN Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

621 W. CENTRAL

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
WILLIAM CURTIS BROWN

4. DATE OF DEATH

Month Day Year
SEPT 13 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-19-87

9. AGE (last birthday)

76

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

R.R. ENGINEER

11. BIRTHPLACE (City and state or country)

TRANSPORTATION UNKNOWN

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LEE BROWN

13b. MOTHER'S MAIDEN NAME

AGNES SPARKS

14. NAME OF HUSBAND OR WIFE

BERTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCE? (Yes, no, or unknown) (If yes, give war or dates)

No NOAE

16. NO.

17. INFORMANT

MRS. BERTHA BROWN - Springfield Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardio-respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Multiple fractures

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

auto accident

20c. TIME OF INJURY

Hour a.m. Month, Day, Year.

23 Sept 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Sedalia Mo.

20f. CITY, TOWN, OR LOCATION

Greene Mo.

COUNTY

Greene

STATE

Mo.

21. I attended the deceased from

Sept 63

to

and last saw her alive on 12 Sept 63

Death occurred at

8:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

307 Prair Blg

22c. DATE SIGNED

23 Sept 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-15-63

23c. NAME OF CEMETERY OR CREMATORY

Hietville Cem.

23d. LOCATION (City, town, or county)

Hietville Kansas

23e. ADDRESS

Springfield Mo.

24. FUNERAL DIRECTOR

Chapel of the Ozarks

25. DATE RECD. BY LOCAL REG.

9-23-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

27. REGISTRAR'S SIGNATURE

Bernie Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0397

2 0397

3

4 0

5 1

6

7 9

8 2

9 9X

10

11 039

12 4-A

13

1003-002450

OCT 10 1963

9/13/63

STATEMENT BY LICENSED EMBALMER

P 50

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donavon D. Labin

Licensed Embalmer No. 5159

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.